

Date of Application:

## **City of Holtville**

## **Business License Application**

121 W. 5th Street Holtville, CA 92250 760-356-4170

New License

Change in Location

Chage in Owner

Change in Name

Renewal

Business Name:	Address:
Type of Business:	
Business Phone:	Business Fax:
Business Owner Information	FEIN:
Name:	SEIN:
Address:	Sales Tax Permit No:
No PO Boxes)	State SIC Code:
Mailing Address:	
(If Different	CA Contractor's License Type:
from Above)	Contractors License Number:
Phone:	Property Owner Information
Driver's License No:	Name:
DL State:	Address:
DOB:	
Social Security No:	Phone:
Emergency Se	rvices Information
Emergency Contact:	Alternate Contact:
Cell Phone:	Cell Phone:
Home Phone:	Home Phone:
Home Address:	Home Address:
Days of Operation: S M T W Th F S	Alarm Company:
(Circle all that apply)	Alarm Co. Phone:
lours of Operation:	Alarm Permit No:
ERTIFY under penalty of perjury that the foregoing statemen	

**Applicant Signature:** 

Title of Applicant:

With the business license application please attach the following information, if required:

- 1. Copy of Driver's License
- 2. Copy of Social Security Card
- 3. Copy of Contractor's License
- 4. Copy of Health Permit
- 5. Certificate of Occupancy (if you are opening a business within the city limits you are required to obtain a Certificate of Occupany from the County Building Department before water can be turned on in your business name; not required for a home occupation)

## **Contact Information**

**City Manager** 121 W 5th Street 760-356-4574

Finance Department 121 W 5th Street 760-356-4685

Fire Department 585 Fern Avenue 760-356-2673

**City Clerk** 121 W. 5th Street 760-356-4170 Planning Department
The Holt Group
1601 N Imperial Avenue
El Centro, CA
760-337-3883

Police Department 585 Fern Avenue 760-356-2991

**Public Works Department** 121 W 5th Street 760-356-2932